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House of Representatives

The House met at 8 a.m. and was called to order by the Speaker pro tempore (Mr. BLUMENAUER).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
November 3, 2009.

I hereby appoint the Honorable EARL BLUMENAUER to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 25 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes, but in no event shall debate continue beyond 8:50 a.m.

HEALTH CARE REFORM

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. As we know, health care is not a luxury; it is simply a necessity. And here in the United States we already have the best doctors, the best hospitals, the best patient care in the world. What we do not have is the best access to health care. That access lies in being able to obtain quality health care at a fair price.

All families deserve to know that their health care needs will be met. We

need to promote changes that make health care insurance easily accessible and affordable for all Americans. And we need to do this in a way that fixes what is broken in the system without destroying what works in the system.

What we need is real health care reform. Real health care reform means that no one should be denied coverage due to a preexisting health condition. Real health care reform means coverage should be portable and stay with you through job changes or career changes. Real health care reform means that there should be no discrimination based on age or gender. Real health care reform means expanding the health care options for all Americans by forcing insurance companies to compete for all of our business. Real health care reform means supporting effective prevention, wellness, and disease management programs. And, most importantly, real health care reform means all of these things without destroying the current health care system that over 80 percent of Americans have said they are happy with.

The Pelosi health care bill wants to raise taxes on all individuals by 2.5 percent if they do not purchase bureaucrat-approved health insurance. The Pelosi health care bill makes over \$162 billion in cuts to Medicare Advantage for seniors. The Pelosi health care bill will eventually force Americans to purchase their coverage through the Federal Government with no real competition. The Pelosi health care bill makes no effort to control the skyrocketing costs of health care or insurance premiums. Instead, the Pelosi health care bill finds convoluted ways to hide health care costs in taxes on individuals, businesses, and by making timely and professional care a scarce resource.

As a mother and as a grandmother, I know that American families are worried. In the average household, it is us women who are often tasked with

major and minor health care decisions. We choose our family doctors and take our kids and elderly parents to doctors' appointments. We stay home to nurse the sick children and our partners back to health. And we have seen every scrape, every cut, every blister that our family members have ever had. We know that families are in this together and we bind and look after our families.

Women know that if health care reform excludes even one member of our family, then it is unworkable. And we know the high cost of health care is the most important issue facing our Nation right now, because it is the most important issue facing our families.

Everyone deserves access to health care insurance. Everyone deserves health care treatment. And everyone deserves both at an affordable price.

The Pelosi health care bill is not the answer. We can, and indeed, we must, do better.

THE TIME FOR HEALTH INSURANCE REFORM IS NOW

The SPEAKER pro tempore (Ms. CHU). The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. I guess I couldn't disagree more with my friend from Florida in referring to health care legislation. She's just described something I certainly don't recognize.

I rise today because the time for health care insurance reform has arrived. Premiums are dramatically increasing for working families in our country. The overall costs of health care are imperiling our Federal budgets and the quality of care itself. Individuals with previous existing medical conditions are being denied medical coverage every day by health insurers in this country.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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The newly introduced bill, H.R. 3962, is a result of unprecedented participation by three House committees and more than 160 hours dedicated to open hearings, debates, and amendments. The bill and committee amendments have been available for review for more than 3 months, including on our respective Web sites, including my own. I have had more than 19,000 contacts from citizens in my district, each providing important input. I held a number of town hall meetings, including one televised nationally on C-SPAN, and I listened to the residents of the 11th District of Virginia.

I heard from my constituents that they're worried about previous existing medical conditions keeping them from obtaining medical insurance for their children. They're worried about the proposed changes to Medicare and what they might mean to them. I heard that the ever-growing cost of health insurance premiums is forcing some to choose between health care and financial ruin. They were insistent that the cost of whatever health insurance reform is adopted not add to the Federal deficit. And I heard that the potential surtax would be harmful to many families and small businesses, especially in my district.

One of the consistent themes of health insurance reform has been the outlawing of the insurance company practice of denying coverage and forcing families into financial distress as they try to afford treatment for things like childhood cancer, hypertension, asthma, diabetes, and many other conditions. Currently, 45 percent of us who are insured, who have health insurance, have such previous existing conditions. H.R. 3962 will ensure that no one can be denied coverage because of that previous existing condition.

The National Committee to Preserve Social Security and Medicare, an organization dedicated to protecting the well-being of American seniors, recently expressed its support for this legislation. The bill will close the doughnut hole for Medicare part D, which currently costs many seniors thousands of dollars out of pocket each year; it will permit Medicare to negotiate lower prescription drug costs for recipients; and it will eliminate required deductibles and copayments for preventative screenings for our seniors. The committee noted that H.R. 3962 protects Medicare Advantage recipients from out-of-pocket expenses.

One of the drivers of cost in the current health insurance system is the lack of interstate portability. Individuals are not permitted to purchase out-of-State insurance plans, thereby restricting competition. This bill will allow States to create regional health care choice compacts that will provide for greater choice among insurance providers and lower costs due to increased competition.

One of my primary concerns for health insurance reform was that it not add to the deficit. President Obama

declared that he would not support health care reform that added one dime to the Federal debt. Over the next decade, the Congressional Budget Office has stated that H.R. 3962 will actually reduce the Federal deficit by \$30 billion.

The originally proposed surtax to fund reform troubled me, frankly, and my constituents, and I worked tirelessly along with other freshmen to address that issue. Although my district has the highest median household income in the country, we have many two-income families, as both parents often work in order to afford the high cost of living in our district, child care costs, and the ever-increasing health insurance expenses. The surcharge as proposed would have imposed an undue burden on many small businesses—the economic engine of our economy.

Earlier this summer, I was among a group of freshman Members invited to meet with President Obama, and we expressed our concern on the surcharge. Subsequently, we joined with other freshman Members in a letter to Speaker PELOSI urging her to increase the income threshold. I'm pleased to say that that's been done—to \$500,000 for an individual and \$1 million for a family. That improved level will affect less than three-tenths of 1 percent of Americans and exempts the vast majority of small businesses.

Madam Speaker, we need health insurance reform that is affordable; that maintains the freedom to choose one's doctor and insurance plan; that ends insurance company cherry-picking; and that helps small businesses afford health insurance for their employees. Americans cannot wait any longer. The time for responsible health insurance reform is now.

AMERICA DESERVES BETTER

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. One of the most sad expressions that we heard in this Congress was by JOHN BOEHNER, the Republican minority leader, March 15, 2009. "As I told my colleagues, we don't have enough votes to legislate. We are not in the majority. They," referring to his Republican colleagues, "ought to get the idea out of their minds that they are legislators. But what they can be is communicators."

Madam Speaker, that is an unfortunate misreading of the role of Members of Congress. It is much too narrow and limited, tragically so.

I spent 11 years in the minority in this Congress, and at times I must confess extraordinary frustration on some of what I thought were decidedly wrongheaded policies like the tragic consequences we are seeing played out on Wall Street and in Iraq today. But in the course of those 11 years, I never stopped looking for ways to work cooperatively to find a majority of people

on both sides of the aisle to make productive change for America.

Some of my proudest moments were as a member of the minority when we were able to take small, bipartisan steps that made a huge impact. For example, the passage of my Water for the Poor Act, that was bipartisan legislation in both the House and the Senate that now enshrines in Federal policy an active effort to provide safe drinking water and sanitation around the world to save lives, while it improves the role and image of Americans abroad.

There has been described by some commentators, including some of my friends on the other side of the aisle, a "take no prisoners" approach. It's disturbing, as one who authored the end-of-life provisions that were hijacked and blatantly lied about to deal with what they called death panels, to see that "take no prisoner" approach in action. Well, we exploded that myth and I'm pleased that we do have strong, voluntary end-of-life provisions in the bill to protect the wishes of American families about how their families would be dealt with.

But one of the myths is that this "take no prisoners" attitude is just directed towards the Democrats because the consequence of a "take no prisoner" attitude might be, if they're successful, destroying our efforts at health care reform, where we have come further than any time in our history. In that case, the prisoners will be the American public that will be sentenced to continuing a process where we have millions uninsured and others who are not protected by the insurance which they are paying for.

Sadly, "take no prisoners" has actually affected the minority itself, because this attitude of being dismissive of a constructive role of legislation, being dismissive of the truth, actually has resulted in holding them hostage to the lowest common denominator—the TEA Party, tin-foil-hat people who have a paranoid, limited view of what America is and can be.

In the end, Madam Speaker, America deserves better. I think it will get better. But I sincerely hope that Republicans choose to stop being communicators, especially misrepresenting what we have brought before the American people, roll up their sleeves, and work with us constructively to reform America's broken health care system with costs out of control and coverage too limited.

Madam Speaker, together, we can make progress. Together, we can legislate and work on things where there is a common vision and a common goal. Together, we can make our government work better and our communities more livable and our families safer, healthier, and more economically secure.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair